

FORM A19-1A		STATE OF WASHINGTON REQUEST FOR REIMBURSEMENT INVOICE VOUCHER		AGENCY USE ONLY												
				AGENCY NO.		CONTRACT NO. OR GA AUTH NO.										
				1030												
AGENCY NAME				INSTRUCTIONS TO VENDOR OR CLAIMANT:												
Office of Trade and Economic Development Economic Development Division Attn: Kathleen Kannas P O Box 42525 Olympia, WA 98504-2525				Submit this form to claim payment for wages, materials or services. Show complete detail for each item.												
				Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disable status.												
VENDOR OR CLAIMANT (warrant is to be payable to)				By: _____ (Sign in ink)												
				(Title) _____ (Date) _____												
FEDERAL ID NO. OR SOCIAL SECURITY NO.				TIME PERIOD COVERED BY THIS REQUEST												
CURRENT BUDGET		EXPENDITURE CATEGORY								PREVIOUS BALANCE		CURRENT REQUEST		NEW BALANCE		
		Personnel														
		Personal Services														
		Project Related Expenses														
		Travel														
		Other														
-		Total								-		-		-		
PREPARED BY						DATE		SERVICE AREA APPROVAL				DATE				
DOC DATE				CURRENT DOC NO.			REF DOC NO.			VENDOR NUMBER			VENDOR MESSAGE			
SUF	TRANS CODE	MOD	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	CNT Y	CITY	PROJECT	AMOUNT	INVOICE NUMBER	GENERAL LEDGER			
APPROVED FOR PAYMENT BY FISCAL						DATE				WARRANT TOTAL						